

JR

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

OCT 12 2016 DC

10-12-16

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

SHAVNE BURNS
AKA
Robert Lee Burns

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

16-cv-9698

Judge Joan H. Lefkow

Magistrate Judge Maria Valdez
PC8

Tom Dart
Sgt. Banks
officer Murphy
officer Matos

Director Dixon

COOK County ILL
(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

& Director Banks

CHECK ONE ONLY:

X COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

_____ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

_____ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Robert Lee Burns
- B. List all aliases: Shanne Burns
- C. Prisoner identification number: 20121227153
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S. California Chgo IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: head of Cook County Sheriff's
Place of Employment: 2600 S. California Chgo IL 60608
- B. Defendant: Sgt. Banks
Title: Seargent
Place of Employment: Juvenil detentoin center 1100 S. Hamilton St Chgo ILL
- C. Defendant: officer Murphy
Title: officer
Place of Employment: Juvenil detentoin center 1100 S. Hamilton

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: officer Matos

Title: officer

Place of Employment: ~~2600 S. California~~ 1100 S. Hamilton Chgo IL 60608

E. Defendant: Director Dixon

Title: Director

Place of Employment 1100 S. Hamilton Chgo IL 60608

F. Defendant: Cook County

Title: Municipality

Place of Employment Cook County ILL.

G. Defendant: Banks

Title: Director

Place of Employment Hamilton Chgo

Continue from Page 2

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Burns Vs Dart 14-CV-7232
- B. Approximate date of filing lawsuit: 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Shaune Burns - Robert Burns
- D. List all defendants: Tom Dart I dont know the other two.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: no recollection
- G. Basic claim made: delibeate indifference ADA
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): its over
- I. Approximate date of disposition: 3-2-16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Robert Burns v. Davies et al.
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: Davies & Hennings 1 & Henning 2
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Burns v. B. Scrapoth, et al,
2:12 CV 35
- B. Approximate date of filing lawsuit: 2015
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: MAR. Scrapoth et al.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Robert Burns v. Burcich et al.
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: Burchich / McMeaskey
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Robert Burns v. Mr. Apollo, Cantle, Iveric, Gore, Mrs. Leto, and Maria - 2:12-cv-00158-RL-PRC
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: Mr. Apollo, Cantle, Iveric, Mrs. Gore, Leto and Maria
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): ~~pending~~ dismissed
- I. Approximate date of disposition: Pending dismissed

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I've been going to the Juvenile Detention center for along ~~that~~ time, and for along time I was told that there was no handicapped toilet for me to use, when ever I'd ask. I was gave a toilet chair to use. The toilet chair broke when I was using it, and I hurt my back/neck/head. on occasion I fell because there was no toilet chair available. I was told that one would be there for me. This didn't happen for about two months. I was transported to Strayer by ambulance four times due to injuries from falling and hurting my self once when I was doing my best to get out of my wheel chair so I could get on to the toilet. Please note there's no RAILS to help the handicap access the toilet. I'm also suing because there's no ramps at the door I go in and out at the J-D-C. when going out the door there's a drop at the door when I leave the building that hurts like Hell to my back. And the side walk is broke and is rakes where the walk way is broken. going over it hurts my back alot. I've put in grievance's about all of this but I've only got a response on the toilet. no one has gave me a response about the ramps or the side walk. Please not I've put in a grievance on the ramp and walk way on 2-15-15 and 8-10-15 to no avail. I've not got a response.

I'm suing Director Dixon because it's his job to have what's wrong at 1100 S. Hamilton fixed. It's been over a year and he hasn't fixed the door way with a ramp or the side walk etc.

I'm suing Tom Dart because he's over his officers and anything his officers do falls on him. At some point he has to be informed of a grievance if the Agents can't fix it. I've put in about (30) grievances. And that's not counting the appeals. I'm suing Sergeant Banks because she violated my rights when she didn't take me to a handicap accessible toilet on 5-4-16 and 7-22-15. Sgt. Banks and C/O Murphy said that there's no handicap toilet in the building, this was on 5-5-16. And Sgt. Banks said there was not a handicap toilet in the building on 7-22-15. So on 7-22-15 I'd ask to speak Sgt. Banks because I'd asked the C/O for the handicap chair and when he came back with it, it was very nasty with blood and feces on it. I said the C/O said this is Jail. Inmate Milton Miranda #20131229071 said to the C/O again that's not right he then gave me his name and said he would be my witness and that I should put in a grievance on the officer. I then ask to speak to a Sargent. The officer got Sargent Banks. I informed Sgt. Banks of what was wrong. Sgt. Banks then said that there's no soap and that we have to bring soap from home. She also said there's no handicap toilets. Sgt. Banks lied when she said there's no handicap toilet in the building. I know this because on 7-5-16 I was transported to a handicap toilet for the first time and in 08 I had to go to the Juvenile court at 1100 S. Hamilton for my son and I'd used the handicap toilet. I soiled myself on 5-4-16 because Sgt. Banks wouldn't transport me to a handicap toilet after I'd asked. Sgt. Banks said that the side walk has a order in for it to be fixed and a ramp will be put at the door I go in and out of. It's been over a year and this hasn't happen and Sgt. Banks said on many occasions also that the holding room has a order in for it to be made accessible. This didn't happen. I'm suing C/O Murphy because I asked him to take me to a handicap toilet two times. I don't remember the first time he said that there's no handicap toilet in the building. but on 5-4-16 he C/O Murphy said I can use the toilet that's in the room I was in. The Supervisor of officer Murphy was dehumanizing. And there was no handicap chair available on 5-4-16 and I soiled myself. I'm suing C/O Mathis because he said there's no handicap toilet in the center and he said it in front of Sgt. Banks. And C/O Mathis didn't take me to use a handicap toilet even after I'd informed him I needed to use one. I had to sit with soiled pants on because I was not at the Cook County Jail. But on 1100 S. Hamilton the J.D.C. I soiled myself about 3:30 no one came to get me. Unto 4:45 it was a bumpy ride back to the Jail. All the defendants in this suit violated my 8th & 14th amendment rights under the Constitution they all deliberate indifference. I'm suing Cook County and all the named defendants for and because customs / Practice / Policies and Deliberate indifference in regards to Health / Safety and excessive force. I've complained for over a year about the Ramp and holding room not being handicap accessible. I've made my concerns known verbally to the county staff and I put in about (30) grievances and the building to date is not handicap accessible. This can't be right. The Cook County have showed that the Cook County don't care about its inmates. I PRAY That this Court will.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

for the court to give me a Judgement against all defendants for Compensatory and punitive damages in the amount of \$ 200,000 All individuals are sued in their indivisual and offical capacity. And for the court to order them to put ramps and fix the Side walk and to put rails in the holding Rooms.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 9 day of 9, 2016

Robert Lee Burns
(Signature of plaintiff or plaintiffs)

Robert Lee Burns
(Print name)

20121227153
(I.D. Number)

2600 S california Chgo IL 60608
(Address)

Inmate Shaune Burns 2012-1227153

M₂

Per ADA Compliance Staff, inmate is advised he has exhausted administrative remedies on the issue of JTDC holding cells and the Cook County Sheriff's Office will not respond to any more grievances on that issue.

§ -29-16

INMATE COPY


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

Chair

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Ahamed

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

S/O add issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Carmak Health services, Personnel):

D.O.E. admin 8/10/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr. Burns has filed multiple grievances on the same issue, which has already been brought to the attention of capital planning. Where structural barriers exist, reasonable accommodations are provided. Escorting you to an accessible toilet is a reasonable accommodation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

S. J. McArthur

[Signature]

DOJADA

08/12/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

Shane Burns

8/16/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Dwayne

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

oro ADA looked

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Detained Received response on 8/16/16

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

D.O.C. Johnson

DATE REFERRED:

9/15/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr. Burns has asked this issue on previous occasions and received a response. Accommodations are provided to overcome any structural barriers. Issue previously forwarded to capital planning.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

STELMA Quetzal

SIGNATURE:

[Signature]

DIV. / DEPT.

DOC/ADA

DATE:

09/19/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Shaine Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

9/20/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

9/20/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

look its been over a year and All you need to do is put a ramp at the door I go in and fix the side walk, so I wont be in pain all the time because all of the bumping around. This cant Bright and I've got no response on it

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (SI)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

NA

Ma

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

SHAUNE

ID Number (# de identificación):

2012-1227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA ISSUES

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

IS ADMIN

DATE REFERRED:

8/15/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHED

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LFENDERSON

SIGNATURE:

DIV. / DEPT.

IS ADMIN

DATE:

8/23/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

8/29/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

N

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐
☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO del Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

15 DAY SUBMISSION VIOLATION. INMATE BURNS RECEIVED RESPONSE ON 08.16.16.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Inmate Services

DATE REFERRED:

9/22/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

THIS ISSUE HAS BEEN ADDRESSED BY DOC ADMIN-AGA STAFF PREVIOUSLY.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LFENDERSON

SIGNATURE:

DIV. / DEPT.

IS ADMIN

DATE:

9/24/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/27/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):9/27/16^{5B}
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

N

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shayne AKA Robert	ID Number (# de identificación): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 G	DATE (Fecha): 2 / 15 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
- * Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I went to Court at the Juvenile detainment center at 1100 S. Hamilton, and as always the walk way hurts my back because of all the crack and potholes. Parts of the side walk that's broke, and when I got to the door there's a ramp. I have to go up over to get in the building. I've said something in the past to no avail. And when I leave the building I have to drop down to the side walk and this hurts a lot also. I didn't leave the building by way of the side door this is because I got hurt in the holding cell to day I left by ambulance going to Stroger. but I will have to go back to Court again in the future.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

Please fix the walk way and put a ramp at the door way, not just for me but for any one with a disability. Thanks.

 NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

AKA Robert Burns
 Shayne Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): C. B. B. B.	SIGNATURE: [Signature]	DATE CRW/PLATOON COUNSELOR RECEIVED: 2 / 13 / 15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: 1 / 1 / 15

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-20-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2 of 2

A 2

DATE OF INCIDENT (Fecha Del Incidente)

8-9-16

TIME OF INCIDENT (Hora Del Incidente)

7:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton St Chgo. IL

a lie. if it is fixed it wasn't the last time I went to court. and if it's fixed why you'd forward it to capital planning? And if it's fixed, when was it did? I have a right to know! And why didn't I get a control number for this is my 2nd grievance? I pray it is fixed. See the last time I went to court % Kilpatrick had a hard time getting me over the broken sidewalk and ever harder time at the door because I have to be lifted up to get in and dropped down going out in 275 lb.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you to give me a control number and for someone to let me know when was the sidewalk fixed? And when was ramps or a ramp provided? And for Director Dixon to response to all my Grievance's and Tom Dart.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

% Un Said % Kilpatrick

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

BURNS

Shaune AKA Robert Lee

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-9-16

TIME OF INCIDENT (Hora Del Incidente)

9:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S Hamilton

I put in grievance their being ramps at the court on 1100 S Hamilton on 2-3-15 and 8-9-16 and I've not got a response on the two grievances. your action are denying me access to the courts This cant be right. I have a right to have a response to the two grievances. The C/O's said a ramp will be put in and the side walk will be fixed long before I put in a grievance this hasnt happen 34 days is to long not to have a response and a year and more is wrong.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be gave a response to the two grievances, and for you all to put a ramp at the door I go in not just for me but all ADA inmates. I need a control number. This grievance is re-submitted. I made the issue known to Sgt Banks to.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Sgt. Brown

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

9/15/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune AKA Robert Lee	INMATE BOOKING NUMBER (# de identificación del detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 9-20-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

1 of 2

DATE OF INCIDENT (Fecha Del Incidente): 8-9-16	TIME OF INCIDENT (Hora Del Incidente): 9:30	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): 1100 S Hamilton Chgo IL
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I put in a grievance on 8-15-16 because 1100 S. Hamilton court house is not handicap accessible. the door I gain has no accessible ramp and the side walk is broke and unlevelled. And my back hurt more so when I made to go over it. and going in and out of the building with out the aid of a ramp hurts like HELL. I've never got a response on any of my grievance's about the ramp not being there, or the side walk. yet I received a response on 9-20-16 that said accommodation are provided to overcome any structural barrier. I don't know what (Barrier) is, but I think someone was saying that what's wrong is fixed. IF so that's ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you to give me a control number and for someone to let me know when was the side walk fixed? And when was a ramp provided? And for Director Dixon to response to all my Grievance's and Tam Dart and Cook County ILL to.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): % Unsaid % Kilpatrick	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Shaune Burns
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): D. Wilson	SIGNATURE: D. Wilson	DATE CRW/PLATOON COUNSELOR RECEIVED: 9/21/16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Cherif

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT:
☒ OTHER: Inmate Services

010

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-11-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-4-16

TIME OF INCIDENT (Hora Del Incidente)

4:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 3F

The ADA Lady Sabrina came to 3F and said she sent my grievance's to Capital Plaing. the grievance's was about the toilet at 1100 S. Hamilton not being handicap accessible. I've been putting in grievance's for over a year and no one from Capital Plaing has ever gave me a response, This cant be right! I have a right to a response. This is a grievance not a request.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

to be gave a response to this and all the grievance's that was sent to capital Plaing and I need capital Plaing mailing info, and the name of the Prisons

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT:
- ☒ OTHER: D.O.C. admin

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-9-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podrá re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-9-16

TIME OF INCIDENT (Hora Del Incidente)

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100S. Hamilton St. Chgo IL

I put in a grievance to day because I'm in alot of pain because the Court house is not handicap equipped with ramps and the walk way needs to be fix. each time I'm made to go over all the unlevelled walk way it hurt my back. and when going in and out of the building there's a bump going in and a steep drop going out of the door to the out side and this to hurt my back alot. I've put in a grievance in the past to no avail. as I never even got a response. this cant be right its dehumanizing. the holding cell should be handicap equipped toilet.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Please make

1100S. Hamilton ADA = handicap equipped even the holding cells. its embarrassing to have to ask to be escorted to a handicap toilet.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI FUEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D. Wilson

D. Wilson

8/10/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

Ramp

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-22-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

9-22-16

TIME OF INCIDENT (Hora Del Incidente)

4:35

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton Chgo IL

I went to Court on 9-22-16 and there was no Ramp at the door and the walk way going up to the door was still Broken going over it hurts my back then I had to sit and wait for the moving officers to come get me, I was out of court at 10:30 but no one came to get me to 4:30 only for me to get back to the County and have to sit hours more when I was in pain I have to drop down going out the door and the Broken walk way.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)
no to be had to sit for hours when I get back to the Jail by getting 2 units for you all to put a ramp at to Door and fix the walk way and for you to give copies of all past and present grievance cases to Tom Dart & Director. Dixon, Director Banks and Capital Planning. And I need a control number.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

All the moving officers

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/27/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chain
Court

CONTROL #

INMATE ID #

0048709

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

~~Shane~~ Burns

Shaune AKA Robert Lee

20121227153

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

3 F

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

9-22-16

NA

1100 S. Hamilton St.

I went to court on 9-22-16 and I asked % Murphy if I could be escorted to a handicap accessible toilet he said no I dont know why he said no because the last 3 court days I was escorted to the accessible toilet. theirs no sign saing ask to be escorted to a handicap toilet if you have a handicap, Take THE one that once said ask for a toilet chairs you can put it in the same place. Please note I cant sit for ever then my wheel chair todo se butts like Hell! the toilet in the room is to low for me.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

for all my grievences to beque to Director Banks & Director Dixon For you All to Post a Sign so All officers and any one with a handicap can see it. and for you to ask all of the 3 inmate that was in the room with me what he lloped and to give me their names Thanks!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

(Oficina del Alguacil del Condado de Cook)

Chain Court

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA

Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Quejo después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2 of 2

12.

DATE OF INCIDENT (Fecha Del Incidente)

9-22-16

TIME OF INCIDENT (Hora Del Incidente)

~ 1

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton Chgo IL

I had to wait for another officer to come and take me to a handicap toilet. And I want to late you know that I was escorted tentimes that day to a handicap toilet. this was when %o Murphy lift. I put a grievance in on %o Murphy on 5-4-16 to maybe him denying Me was revenge. I almost went on my self this cant be right! Please put a ^{Sign} up.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

for all my grievancees to be gave to Tom Pest and Director Dixon & Director Banks. Banks and Dixon work at 1100 S. Hamilton. and I want all Pest and up to date grievance to be gave to all the above and Capital Planning. And can I have a control number. THANKS!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

inmate Glin And-
the 3 inmate that was in the room with me

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

D. Wilson

D. Wilson

9/26/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Inmate Shaune Burns 2012-1227153

M₂

Per ADA Compliance Staff, inmate is advised he has exhausted administrative remedies on the issue of JTDC holding cells and the Cook County Sheriff's Office will not respond to any more grievances on that issue.

8-29-16

INMATE COPY



COOK COUNTY SHERIFF'S OFFICE

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune AKA Robert Lee	INMATE BOOKING NUMBER (# de identificación del detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 F	DATE (Fecha): 5-4-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): 5-4-16	TIME OF INCIDENT (Hora Del Incidente): 4:45	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): 1100 S. Hamilton St. detention center.
I went to court at 1100 S. Hamilton. AT 2:35 I ask % Gipeson if she would take me to a handicap accessible toilet, she said im not your officer, ask officer Murphy, she asked him for me He said he can use the toilet that's in the room with him. I asked Him if I see a seargent? He didn't respond. So when % Matos got to work I ask him if I could see a seargent He ask why, I told him and He got seargent. Banks. Sgt Banks said a order is in to make this room handicap accessible, and I dont know what's taking so long and the toilet hasnt been replaced. Office Matos said ant no accessible in the center, time 4:45.		

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)
I need you All to make the hoding Room toilet handicap accessible. for you All to speak to All of my witness. Sgt. Banks said she's sorry about all this. Sorry Just dont do it for me because I soiled my self. sgt. ludwig told % Herrera to get me some pants.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): Sgt. Banks. % Matos. % Herrera. % Murphy	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Shaune Burns
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Care Wilson	SIGNATURE: Care Wilson	DATE CRW/PLATOON COUNSELOR RECIEVED: 5/5/16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune	INMATE BOOKING NUMBER (# de identificación del detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 6-30-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 - Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
 - When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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 - Cuando una Queja se procesa como una QUEJA NO (PETICION), un preso podrá re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
 - Sólo una queja por formulario
- 1-of-2

DATE OF INCIDENT (Fecha Del Incidente): 6-29-16	TIME OF INCIDENT (Hora Del Incidente): 11:54	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): 1100 S. Hamilton St Chgo IL
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I went to court at 1100 S. Hamilton St. and for a year I was told that there was no accessible toilets for the handicap, yet on 6-29-16. So I told this to my attorney on 6-29-16 and he spoke to % Hase Ebaraz. I don't know what was said, but I was transported to a handicap toilet two times that day. Please note the 2nd time I asked to go % Brown was the officer I asked and he said that he didn't know what I was talking about when I asked about the handicap toilet. So I asked about if I could speak to a Sergeant. Sergeant, he called and I was transported by % Clarke to a handicap toilet.

ACTION THAT YOU ARE REQUESTING, AND ACTION MUST BE COMPLETED. (Acción que esta solicitada, Esta sección debe completarse)

Sabrina has lied to me on me in the past and in some of the response in the Past Please don't late her reply.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELLE GIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): % EBAREZ % Brown % Clarke	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Shaune Burns
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): D. Wilson	SIGNATURE: D. Wilson	DATE CRW/PLATOON COUNSELOR RECEIVED: 7/5/16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

| This section is to be completed by Program Services staff - ONLY | (' Para ser llenado solo por el personal de Program Services ')

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT:
☐ OTHER:

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert

LIVING UNIT (Unidad):

3A7

ID Number (# de identificación):

20121227153

DATE (Fecha):

3/21/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

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- Cuando una Queja se procesa como una QUEJA NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control" ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Específico Del Incidente

when I came back from Cermak Health Services after I fell and hurt my head and neck, a % officer gave me some Clean Uniform Clothing, because I vomit and had a bowel movement on my self. THIS is why I believe the Doctor in Cermak didn't examine me any way when I got back to 3A Unit the same officer wouldn't let me take a Shower, he made me get in my cell Room. When I got to my room my cell mate said man this shit is still on the floor, I couldn't believe it. He said officer Tracey will not give me a mop or have some one come clean it up. So I said I'm not going in the room with shit on the floor, so some other officer said take them see the mop, and he did. I told LT. Cobble 3A and I informed him that I have shit and vomit on me, need a Shower. The % won't let me. LT. made the % let me shower. inform all %'s Procedure before said.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

Marque Bowers

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Bull

SIGNATURE:

C

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/24/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☒ GRIEVANCE
- ☐ NON GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

6-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podrá re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2-of-2

DATE OF INCIDENT (Fecha Del Incidente)

6-29-16

TIME OF INCIDENT (Hora Del Incidente)

11:54

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton St. Chgo IL

toilet. It was 4 inmates in the room that can witness this, one of the names is Maurice Lord. This shows you all lied to me all this time, and because of your disregard of my rights I've been dehumanize and inter embarrass. This needs to be fixed not just for me but for all of the handicap, not just when I show up for court. This should be a policy and it needs to be posted for officers and inmates to see, like the sign that once said ask to if you need to use toilet chair. This sign is no longer posted.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitada, Esta sección debe completarse)

SABRINA said that my grievance has nothing to do with this jail, and that she's sent my grievance's to 1100 S. Hamilton. I want a response from some one over there, the grievances she sent to 1100 S. Hamilton. I want ya to fix what's wrong, and to let me know why I was lied to for so long. I don't want a response for Sabrina she LIES.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELLEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información)

YEBAREZ Y Brown Y Clarke inmate Maurice Lord

INMATE SIGNATURE AND DATE (Firma del Preso/ Fecha)

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D. Wilson

D. Wilson

7/5/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT INMATE LAST NAME (Apellido del Preso): Burns	PRINT FIRST NAME (Primer Nombre): Shaune AKA Robert	ID Number (# de identificación): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 G	DATE (Fecha): 2 / 15 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident: _____ Time of Incident: _____ Specific Location of Incident: _____
(Por Favor Incluya: Fecha Del Incidente: _____ Hora Del Incidente: _____ Lugar Específico Del Incidente: _____)

I ask for a commode chair when I was at the Juvenile detention center on 1100 S. Hamilton St. Chgo ILL. the officer didn't know if a chair was available he never got back to me, and I needed to go to the toilet very bad, so I did my best to get on to toilet and I had a fall because toilet area is not handicap accessible, the toilet is to low the walls has no rails to help me get on and off the toilet. I hurt my back-neck and I busted my head, and I have a spot on my head that don't look like its going away. I was told that a toilet chair will go to court with me. This did not happen, even after I ask about it I was told I have to get a order from the Doctor. This can't be right! I had to go by ambulance to Stroger. In pain still.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

To be gave a control number and to have the toilet area made accessible and to have the toilet clean as it was very messy and have a commode chair available, I shouldn't have to ask for one to use any.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

AKA Robert Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): Chasch	SIGNATURE: S. Der	DATE CRW/PLATOON COUNSELOR RECEIVED: 2 / 13 / 15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: 1 / 1

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐
- EMERGENCY GRIEVANCE
-
- ☐
- GRIEVANCE
-
- ☐
- NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐
- CERMAK HEALTH SERVICES
-
- ☐
- SUPERINTENDENT: _____
-
- ☐
- OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): AKA Robert	ID Number (# de identificación): 20121227153
DIVISION (División): 8	LIVING UNIT (Unidad): 3 G	DATE (Fecha): 2 / 5 / 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso)

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

I Put in a grievance on 1-24-15 about the detention center on 1100 S. Hamilton St Chgo ILL not being handicap accessible. because of this I soiled my self, this was very embarrassing. In the grievance I said I'll have to go to the detention center for court in the future and I ask for the toilets be made accessible, this was to no avail. I received a response on 2-5-15. I want to and want to appeal the response because the detention center had no commode chair available and I ask the officer for one, he didn't know if one was available he didn't get back to me. Also in the grievance I ask for a control number to no avail.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

To be gave a control number and a appeal form so I can appeal the response I got on 2-5-15. Please note the response have some numbers on the top of the page # 0048709

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

AKA Robert Burns

Shane Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alcaide del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair
Cold

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☒ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227753

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

2-4-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

2-4-16

TIME OF INCIDENT (Hora Del Incidente)

7:00

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 5 holding

To day at Cook County Jail I had court and I was put in a holding cell, and I was Freezing from 7 to about 10 or so I found two Sergeants to no avail. one of the sgt's was Sgt. Thompson I don't know the other. you can see who he is from the video of the holding cell. I did get a coat from a Lt. this can also be see from the video. The cold makes my ~~body~~ body hurt like Hell Im in alot of Pain as I write this. this is because of my handly cap/arthritis

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you All
not to make me sit in a cell thats freezing for so long, and to be gave a coat before being Div 08. its not right to punish me or anyone with a wheel Chair ~~or~~ because they have a wheel Chair.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

LT. Thompson

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

00418709

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-24-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-24-15

TIME OF INCIDENT (Hora Del Incidente)

first shift

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton

every time I go to court at ~~the~~ 1100 S. Hamilton it never takes long before I'm out of court yet I'm made to sit for many hours before some from transport comes and gets me. I was out of court to day at 12:00 but didn't get back until 7:20. my back and butt hurts from sitting in the Chair for all the hours. and if I wasn't in the Chair I'd have to sit on Steel Benches for all that time.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for a control number and not have to sit for all the hours I'm had made to wait for transport. and when I get back to the county not have to wait in a bull Pen for many hours when my Unit is Right over me on the 3rd floor.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. [Signature]

SIGNATURE:

D. [Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/25/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☒ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☒ SUPERINTENDENT: _____
- ☒ OTHER: D.A.C. Robinson

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Burns</u>	PRINT - FIRST NAME (Primer Nombre): <u>Shayne AKA Robert Lee</u>	INMATE BOOKING NUMBER (# de identificación del detenido): <u>2012121227153</u>
DIVISION (División): <u>08</u>	LIVING UNIT (Unidad): <u>3F</u>	DATE (Fecha): <u>9-9-15</u>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an Inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es Insatisfactoria.
- Sólo una queja por formulario

I want this to go to the head of the county Tom Dart!

DATE OF INCIDENT (Fecha Del Incidente): <u>Last time I went to Court don't remember</u>	TIME OF INCIDENT (Hora Del Incidente): <u>12:00</u>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): <u>1100 S. Hamilton Court</u>
--	--	--

This is a appeal. I put in money grievance's about A.D.A issues. when I went to Court on 1100 S. Hamilton I ask for a toilet Chair it was very nasty. each time I ask for soap I'm told we don't have soap. So all the inmates that use the chair don't have any soap? that's nasty and a health Hazard. and it is a accommodation issue because I'm in your custody and you provide for all my needs just not very good in this case. I'll go to the court for Help

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for the chair to be clean at the same time the toilet is clean and for soap to be made available. and to be gave a control number!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <u>Shayne Burns</u>
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <u>[Signature]</u>	SIGNATURE: <u>[Signature]</u>	DATE CRW/PLATOON COUNSELOR RECEIVED: <u>9/10/15</u>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune	ID Number: (# de identificación): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 F	DATE (Fecha): 7/22/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
- * Cuando una queja se procesa como una QUEJA NO (PETICIÓN), un preso podrá re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

This is a grievance. I went to court at 1100 S. Hamilton and I asked the officer if I could use the handicapped toilet chair, and when I came back with it, it was nasty, it looked like it had feces and blood on it. I ask the officer for some soap to clean the chair off, he said we don't have any soap. I showed him the feces and blood, he then said this is jail, a inmate that was in the room with me said again that's not right and he gave me his name and I.D. number. I ask the To if I could speak to a Sargent. Sgt Banks come and I told her why I needed to speak with her. She said we don't have any soap and that we have to bring soap from home. She didn't know that the To said the only soap comes out of a Dispenser and he wouldn't get any. This can't be right.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

for you all to make the holding room handicapped accessible and for soap to be made available, if soap not available then the chair is now nasty then it looked, and it looked nasty very nasty!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):Sgt Banks
Milton Miranda # 20131229071

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): D W J	SIGNATURE: D W J	DATE CRW/PLATOON COUNSELOR RECEIVED: 7/23/15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: 1/1/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune AKA Robert	ID Number (# de identificación): 20121227153
DIVISION (División): 8	LIVING UNIT (Unidad): 3 F	DATE (Fecha): 1/24/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso)

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Formá de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

I went to court on 1-23-15 at the Fox Valley Juvenile Detention Center on 1100 S. Hamilton St. Chgo ILL. I had to hold my bowel movement because the toilets was not handicap accessible and I soiled my self this was very embarrassing. I'll have to go to the Juvenile Court in the Future and am asking for the toilets be made accessible, and I need a control number and this is a GRIEVANCE. also the toilets sit very Low without Rails it impossible for me to get on the toilets

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

That the toilets be made accesible

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Shaune Burns AKA Robert Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune ^{AKA Robert Lee}	INMATE BOOKING NUMBER (# de identificación del detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 3-5-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS-NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): 2-23-16	TIME OF INCIDENT (Hora Del Incidente): About 3:00	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente): Court 1100 S. Hamilton Chgo, IL
<p>I hurt my back and neck and head because I fall because the handicapped toilet chair is not stable and fall over because of my weight shifting to one side because the wheel chair wheels are not stable because the wheel/barring are bad and need to be fixed or replaced. I had the locks on and the chair shift to one side, and because the toilet chair is not stable I fall. note I have a very bad back and some times my pain is a (10) Plus as it was the week I went to court. I've been informing med staff for about 2 years. I was gave a X-Ray last year and told everything was wrong with me. This can't be right.</p>		
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)		

For you
all to make the building room at court handicapped accessible because the officer will not take me to the public rest room, and for you all to have soap in the rest rooms. And fix chair Thanks.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Shaune Burns
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): D. Wilson	SIGNATURE: D. Wilson	DATE CRW/PLATOON COUNSELOR RECEIVED: 3-6-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

LIVING UNIT (Unidad):

3F

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DATE (Fecha):

10-21-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-21-15

TIME OF INCIDENT (Hora Del Incidente)

10:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 3F

This is a grievance! I went to court on 10-21-15 at Branch 64, and at 10:30 or so I ask for a toilet chair because the toilet in the cell I was in was too low and was not handicap accessible. The C/O said we don't have a chair and you're in the handicap cell. I have a very bad back due to all the falls I've had at this jail. and I can't sit low without the help of handicap cells. The cell said handicap but it's anything but. I did my best to use the toilet chair arms but it broke and fell and I hurt my back more so. This can't be right. 555 Herson Court.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you all to fix what's wrong. and to give me a control number. please
Sara Vido

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

Shaune

aka Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121207153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-24-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-24-15

TIME OF INCIDENT (Hora Del Incidente)

First Shift

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

1100 S. Hamilton

To day I went to Court at 1100 S. Hamilton and the handicapped toilet chair was very nasty and the toilet it self looked as if it hasn't been clean in a very long time. officer Juarez gave me some hand sanitizer to clean of the chair, because the chair was even more nasty then then the last time I went to court. Attorney marlene Fuentes said but they did give you a chair as if I should be happy with that, as if the nastiness should be over looked. I dont know whos reading this but how would you like to clean shit.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have soap to use and to have to clean someones phicies off a toilet chair, after cleaning off the chair there wasn't anything left to clean my hands with. The GC said the hand sanitizer was his. I don't want to flush it.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. W. J.

SIGNATURE:

D. W. J.

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/25/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: REDC
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

1-11-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

1-11-15

TIME OF INCIDENT (Hora Del Incidente)

About 2:00

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 5 Hallway

I went to court and I had to push my self down along hallway. I asked for help because my back was hurting alot. The officer didnt help me. I even same thing to a Sgt. I dont know his name because his I-D couldnt be seen. I Did get Push from court.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I need to be gave help when i ask. # and I want you to keep the Vickie and I need I want to keep the Vickie

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

Cold

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

3-23-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted; however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-23-16

TIME OF INCIDENT (Hora Del Incidente)

6:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 5 holding cell

this is the 4th time I was put in the holding cell and it was very cold in the cell all the officers had on coats and when I and other inmates ask for coats because we was cold, the # said he dont have any. at 8:45 I ask a Sgt. going by he didnt even stop. 8:25 we asked a Lady Sgt. She said I dont work this unit. about 8:30 a # came by with 3 carts of coats we asked for coats, he said no. The ADA lady Sabrina came by and we told her we're cold. She made the officers give us coats. The rest of your staff didnt say. This cant be right and I had to push myself back.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

Please have some one push me on long distance every thing I've said can be looked at on your video Please see it, and give coats to me and All inmates that'll be in the holding cell, because its cold.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chain

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227/53

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

2-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

2-23-16

TIME OF INCIDENT (Hora Del Incidente)

2:00 am

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Cermak to Div 08 Hall way

I was in alot of pain do to a fall and I was made to
will my self from Cermak to Div 08 3F. IF I ask
for help I feel I should get it

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Push any Place thats long distance. And to be gave a
control number. and for you to look at the video and
keep it. To be

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE
DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS
INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,
AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

20160914

0048704
Cade-190**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

2-2-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

1-26-16

TIME OF INCIDENT (Hora Del Incidente)

500

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 8

my wheel chair order ran out I need it for court
I cant walk far or stand long I'll not
go with out my chair Because I'll be in pain.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

redo my order

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Sabrina

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

The Attorney For this Jail Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

BURNS

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

201207153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

3-19-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-8-16

TIME OF INCIDENT (Hora Del Incidente)

12:05

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div-08 on the ramp.

I'm grieving the fact that the wheel chair the jail gave me lost it's left back wheel. this was on 3-8-16, at about 12:05, in Division 08, on the ramp. I hurt my back-neck Face and left arm. I had to push my self as I was told at the post that it's not officer's job to push inmates; It medical. just then the moving officer came to take me to the dentist in Div. (5). I didn't make it, I wanted to, so with help I did my best to stand, but the pain to me was so much for me. my back was hurting from the start, and more so once the wheel came off. It was embarrassing and dehumanizing because your staff was laughing at me.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

Investigate this incident.

for you to

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

C/O Aquilar

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDE. // DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/21/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

08

3 F

4-23-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

4-22-16

9:30 PM

Div 08 3F

I've had pain in my back for a long time, and on 3-8-16 the pain got much worse due to an a wheel coming off the wheel chair I was gave by the County jail. I was gave tramadol and it didn't stop the pain, but it did help. Tramadol is the only thing that's has helped. If there's a problem with me being on tramadol, give me the non-narcotic shot please! Just don't make me live with this pain. Some time my back hurts so bad I wish I was dead. This can't be right. Please HELP!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Some time to be gave some thing that helps the pain in my back.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

Crew Wilson

Crew Ryooker

4/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM *Chair*
(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☒ SUPERINTENDENT: *RTU 8*
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

4-8-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

4-5-16

TIME OF INCIDENT (Hora Del Incidente)

900 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 8 hallway

I was Called to Cermak Health Services and I had to push my Self up the ramp. If you'll look at the video you'll see I asked the one of the Cos for help when I got off the Elevator and he just waved me on. You all said if I need help just ask, I did to no avail. this was 4-5-16 1st shift

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be gave help when I ask, because something is wrong with back it hurts a lot. Pushing my Self makes it hurts more so,

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

*D. Wilson**D. Wilson**4/11/16*

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair
will

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

3-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-8-16

TIME OF INCIDENT (Hora Del Incidente)

12:05

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 Ramp

I got hurt on 3-8-16 when the wheel came off of the wheel Chair I was gave by the jail. I hurt my back face, and left arm. Please note my left arm has two screws in it, and I fell on it and the meds work for my back teeth face but not my arm. I've put in many grievance and medical request All to no avail my appointment for 3-23-16 to see Doc was canceled.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

X-Rays did and to be looked at by a Doctor right away because my Pain is a #10. This can't be right!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

03/30/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

Shayne Burns

Shayne

20121227153

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

08

IF

12-18-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

12-18-15

about 10:30

Hall way of Div 8 and 5

I went on to Cermak Health Services on the 18th that's 12-18-15 and I asked for help with the will Chair from the officer to no varil. my back was hurting alot and it was very hard for me to push my self. note the G/O said he dont have to push me. when I got to court sometime the G/O push me and sometime they dont. this is a GRIEVANCE!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I ed like to know if the officer's are suppose to push me or not? I ed like you all to look at the Video from the 18th that's 12-18-15. And I need a control number

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

The moving officer

Shayne Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

D. J. J.

D. J. J.

12/28/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaunc

AKA Robert Lec

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

4-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una-queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

4-24-16

TIME OF INCIDENT (Hora Del Incidente)

6:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 3 F

my back is Killing me do to a fall I had on 3-8-16, The Wheel Chair the jail gave me wheel came off and I rehurt my back. The only medication that has ever helped the pain in back. I've put in 4 Health Service Request forms all to no avail. I've got no response. This cant be right!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Please! Please! do something the pains unbairable. Please!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaunc Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew B. Wilson

SIGNATURE:

Crew B. Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

4/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-14-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

8-9/16

TIME OF INCIDENT (Hora Del Incidente)

10:30

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1100 S. Hamilton St. Chgo IL

AT court at 1100 S. Hamilton today I didn't get to be escorted to a handicap toilet even though I needed to go. the last time I was at the court I was made to feel like a piece of (S--t). as if I was annoying them. And the nasty looks I got didn't feel good either, the looks of the officers an civilians. I felt like a monkey on display with the Jail uniform on. will you please fix the toilet so I can use it. I'd appreciate it a lot.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For you all to make to holding Room toilet handicap equipped so I don't have to feel so embarrassed from the nasty looks from the officers. This was 2nd Shift when I need to go to the toilet. the last time I went to court.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

8/15/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de Identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

3-19-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

3-8-16

TIME OF INCIDENT (Hora Del Incidente)

12:05

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 on the ramp

Some thing is wrong with my left arm, it's in alot of pain do to a fall out of my wheel chair. I believed it'll get better but it has not, its got worst, my Pain is #10 and my hand is numb. their are no medical request forms on my Unit at this time. Any way I've put in about 3 and I've made this known to the nurse's when they pass out meds, all time avail.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I have two SKRONS in my left arm and I fell on it. Pains increasing I need to be looked at by a Doctor right away, not by a Staff member that'll just say put in a medical request form as all the nurse's have said. I on Pain meds it works for my back-Teeth-neck but not my Arms.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

HC

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

5-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 - Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
 - When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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 - Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
 - Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
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 - Sólo una queja por formulario
- 2 of 2

DATE OF INCIDENT (Fecha Del Incidente)

5-24-16

TIME OF INCIDENT (Hora Del Incidente)

about 5:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 3 F

AFTER all this time Sabrina now say it the responsibility of the cook county board president to make the holding cell toilet handicap accessible. This cant be right. where and when ever I go to court Im the responsibility of Cook county sheriff officers. I said this to Sabrina and she said your right but Tom Dart dont run the detention center. So why has she been the one giving me a response to the grievance?

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for some one to inform me of the address and name of Tony Preckwinkle or who ever runs the detention center. And for all holding cells to be made handicap accessible. And for you to speak to all my witnesses for all Grievance on this.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. WILSON

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/8/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST) 1-1

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

5-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 - Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
 - When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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 - Sólo una queja por formulario
- 1 of 2

DATE OF INCIDENT (Fecha Del Incidente)

5-24-16

TIME OF INCIDENT (Hora Del Incidente)

about 5:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Div 08 - 3 F

on 5-24-16 about 5:00 PM the ADA Lady Sabrina Canchola Said to me Cook county Jail or Tom Dart have any thing to do with the Detention center not being handicap accessible at 1100 S. Hamilton, I go to court there. This is misleading because she has responded to many of my grievance's. She say in some of the responses that I know to ask officers to take Me to a accessible toilet or she'll say I know the policy. Please note I know what she say the policy is and I've asked over and over to no avail. The Grievance I put in on 5-4-16 Shows this.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado. Esta sección debe completarse)

Sabrina said she sent my grievance of 5-4-16 to the centers to who? I need FOR someone to inform me of the address and name of Tom Preckwinkle or who ever runs the detention center. And for all holding cells to be made handicap accessible. all for you to speak to all my witnesses on All Grievances on this.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D Wilson

D Wilson

6/8/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

☒ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☐ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (información del Preso)

PRINT - INMATE LAST NAME* (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune Robert	ID Number (# de identificación): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 F	DATE (Fecha): 7/12/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.
 * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.
 * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
 * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
 * Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

This is a grievance
 I've been denied medical treatment from the time I got hurt at court until now. I got hurt on 7-10-15 today is 7-13-15. I got hurt at court by some officer and I said so right when it happened to me and I got up on 7-12-15 feeling worse than the day it happen and my chest hurts when I breathe. I told the officers working the unit I'm in the c-side gave me a med request thing is the request must be looked at until Sunday. I was call to C-side Desparry I inform nurses Gavin of my trauma on 7-11-15 and today in C-side Desparry shall see what she can do and that it's short stuff. at 11:23 nurses Humphres come to 3F I told her about all of my problems and that my chest is hurting she said I'm not going to send you to Ceramak just because you say your chest hurt. I saw you in the hallway with your sign
 ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):
 Control number since all videos have
 All medical needs looked at

 NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): D. Smith	SIGNATURE: D. Smith	DATE CRW/PLATOON COUNSELOR RECEIVED: 7/13/15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED: 7/13/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 A

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

11-4-15

TIME OF INCIDENT (Hora Del Incidente)

2:00

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

08 3 A

This is a appeal! Please note the appeal form came to me crossed out. This is miss leading. Anyway I put in a grievance on 10-21-15 because I went to court at 555 Hanson, Branch 64, and I was not able to get on the toilet because the cell had no rails, it wasn't handicap accessible. I ask for a toilet chair and the 90 said we don't have one. I ask is there a handicap toilet I can use? I was told your in the handicap cell. it was on the poor handicap cell. This was my first time going to Branch 64. So how could this response apply. and I was told I can go to the public restroom.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

for you All to Put rails up or have a handicap chair their and because inmates don't know how money other inmates has use the chair before him, Soap needs to be made ~~AVAILABLE~~ AVAILABLE. I need a control number!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Lucero

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

11/07/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☒ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12-30-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

12-30-15

TIME OF INCIDENT (Hora Del Incidente)

6:06

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

08 3F

I need to know how much time do I have to file a Civil Claim on this Jail

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For a copie of this to go to the Law Libray and the Attorney for This Jail. And I need a control number

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016 X 5920

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shawnie

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330- Security Procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

08 PM Dept

DATE REFERRED:

7/18/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Division 8 RTU is a Medical Unit

that is equipped with an ADA accessible outdoor patio only. Tier 3F has had documented recreation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Cmde Thomas

SIGNATURE:

Cmde

DIV. / DEPT.

DIV 8 RTU

DATE:

7/19/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shawnie Burns

DATE RESPONSE WAS RECEIVED:

8/3/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud de la apelación del detenido):

8/3/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

There's no Room for me to do anything because its too many inmates see video

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐
☒ No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to stand

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J Mueller

8/8/16

INMATE SIGNATURE (Firma del Preso):

Shawnie Burns

DATE INMATE RECEIVED APPEAL RESPONSE:

8/9/16


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Burns

Shayne

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 Adg I down

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 D.O.C. admin
 This issue has been addressed on many previous grievances and non-grievance requests. The CCSD does not know the buildings where structural barriers exist, reasonable accommodations are provided. Your powers have already been terminated to capital planning.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT:

DATE:

Shayne Burns

[Signature]

DOC/ADA

06/10/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

Shayne Burns

6/15/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (SÍ)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

 DATE INMATE RECEIVED APPEAL RESPONSE:
 (Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20130557

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de identificación):

20121727153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA ISSUE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DOC ADMIN

DATE REFERRED:

11/18/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

GRAB BARS HAVE BEEN INSTALLED IN THE CELL, HOWEVER

MR. BURNS HAS BEEN INFORMED NUMEROUS TIMES THAT IT IS THE POLICY OF THE CISO TO ESCORT HIM TO AN ACCESSIBLE PUBLIC RESTROOM IF HE MAKES THE REQUEST. Sabana

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

DOC ADA

11/18/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida)

11/18/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

11/18/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I did ask to be escorted to an accessible Rest Room and was told I was in a Handicap Cell.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

Original Response to Stand. R/OO cannot substantiate or deny verbal/oval exchange with staff

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

11/30/15

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

12/2/15

HELLO

My name is Robert L. Burns
 I'm in jail as Shaune Burns. I am writing to you seeking
 Legal representation because I've been going to 1100 S.
 Hamilton Chgo IL because my kid has a case there.
 I've put in grievance's for over a year because the houlding room
 toliet has no hand rails. I'd ask the working %s if I could be
 excorted to a accessible toliet. Some time the responses would
 be theirs no accessible toliets in the building or we cant take
 you to it because your an inmate. So after more then a year
 I was gave a toliet chair and it brak whe I was doing
 my best to get on it I had to be excorted to Stroger
 by ambulance. And one time I fell and hurt my self because their
 was no rails to help me frome the chair to the toliet and I did
 my best to use my wheel chair and because of my wate I
 went over and the chair fell on top of me. that was
 after I'd asked to be excorted to a handicap toliet to no
 avail. this was my 2nd time going to Stroger by ambulance.
 Also I've put in gtrivance's because the building has no, ramps at
 the door I go in and out of. when I go out theirs a drop and this
 hurts my back a lot. and the side walk going up to the door is broke
 in some spots and going over the bad spots hurts my back also.
 Please note for the last 3 months I've been excorted to a handicap
 toliet. So I was lied to all the tim befor that. also please note
 not all of the officers know to take me to a handicap toliet when
 I ask, because the last time I went to court at 1100 S. Hamilton.
 I'd asked % Murphy if he'd take me to a handicap toliet and

he said no, there was other inmates in the room with me raping with one another and they to hard him say no. I did get to go when the other % came to relieve % murphy.

I'm going to put in a grievance about it. by the time you get this letter I would have put the grievance in. this will be to no avail because on 8-29-16 I got a letter Per compliance stall, that said inmate is advised he has exhausted administrative remedies on the issue of J.T.D.C holding cell and the Cook county Sheriffs office will not respond to any more grievances on that issue. as for the gr ramps and side walk going into the Juvenile detention center the issue is the same. Sir I'd appreciate A response from you regarding my plea for help in writing at your earliest convenience. I would also Appreciate if you cannot Assist me with this case, if you would refer my case to a lawyer or Law firm that might Assist Me. your time, cooperation, & consideration Are highly appreciated Regarding this Matter.

P.S. I put in grievances for two weeks because my wheel chair the Jail gave me had a bad wheel, to no Avail. so one day I was made to push ~~my~~ self up the ramp going to Cermak Health services and the wheel came off and I hit my face and hurt my back I've been on tramadol from that time to now. this was on 3-8-16.

Respectfully
Robert Lee Burns AKA
Shaune Burns

HELLO

My NAME is Robert L. Burns.

I'm in Jail as Shaune Burns. I'm writing to you seeking legal representation because I've been going to court at 1100 S. Hamilton and I've put in about (30) grievances because I was told for over a year that the building don't have a handicap toilet, see I'm in a wheel chair due to a very bad back and I had a stroke. I fell going from my chair to the toilet because the holding room toilet don't have handicap rails, and the toilet is too low. I hurt my back/head/neck and I ~~had~~ use the toilet on my self number (2). So after that the Jail Staff gave me a toilet chair to use and it fell when I was going from the ^{wheel} chair to the toilet chair. I hurt my self two times and I had to be escorted to strager the two times. I've put in over 28 grievances and I've got response and control numbers. Also 1100 S. Hamilton has no ramps and this hurts my back alot. I've put in grievances for over a year to no avail. Please see EX's.

Also ~~I~~ put in grievances because the wheel chair the Jail gave me had a bad wheel. about (3) weeks latter the wheel came off when I was made to push my self up the Ramp. when the wheel came off I hit my face and hurt my back. If you will help me please late me know. if not Please late me know. If not Please mail Legal work back. your time is appreciated Sir!

Respectfully
Robert Lee Burns AKA
Shaune Burns #20121227153
PO Box 089002 Chicago IL 60608



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2016 114

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Burns

Shane

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Cermak

2/2/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Wheel chair ordered long distance only.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Susan Shebel

Susan Shebel

2/17/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

[Signature]

[Signature]

2/17/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

Shane Burns

2/25/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) ____/____/____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I know that but I can stand very long and I cant walk far

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐

☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Response to appeal request

30-5 WA 2-84401

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

Susan Shebel

Susan Shebel

3/24/16

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

3/24/16



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

Chair

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Burns

Shane

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330. Security Procedures

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Repe Out

1/12/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

This matter will be looked into. Staff will be reminded to assist handicapped inmates who request is made.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Carmichael

and [Signature]

ATC

1/14/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Shane Burns

(Fecha en que la respuesta fue recibida)

1/15/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2010X 1846

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT

010-ADA Accommodation Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DOC Admin

DATE REFERRED:

3/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

In the absence of structural barriers, assistance will be provided upon request. Insufficient information to prove or disprove Burns requested assistance.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SABANA CADILLAS

SIGNATURE:

[Signature]

DIV. / DEPT.

DOC-ADA

DATE:

03/15/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

3/18/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/18/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

The ADA Lady said some one is to push me and the C/O's say some one from the med staff is the one to push me.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☒

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

Original Response to stand.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

[Signature]

DATE (Fecha):

3/22/16

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación):

3/22/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

2012-1227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

You have upcoming appointments with physical medicine + rehab PT and primary care. Please keep these appointments. You currently have a wheelchair order. Thank you.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Carmak Health Services, Personnel):

DATE REFERRED:

04/03/2015

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Susan Schabel

Susan Schabel

5/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendent

Superintendent

5/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☒ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Y. Shamus Burns

(Fecha en que la respuesta fue recibida):

5/15/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2016-457

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shayne

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 Security Procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cook County Health services, Personnel):

Supt Riv

DATE REFERRED:

3/21/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Please complete a request form to your CRW if a replacement wheelchair is needed. Staff reminder to conduct themselves in a professional manner and to treat all detainees w/ respect. Also if 3

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Supt Riv

(w/ 1st 3rd)

Riv

3/24/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Supt Riv

(w/ 1st 3rd)

Riv

3/24/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Shayne Burns

3/30/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/30/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I did late my CRW, Kion and medical staff, and officers on every shift. All to no avail.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No (X)

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand - Please re-submit your request to the CRW for handling.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J Mueller

(Signature)

4/12/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación):

Shayne Burns

4/15/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Dwayne

ID Number (# de Identificación):

2001227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 - Medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

3/14/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

You have an appointment for an orthopedic, not sure. Please discuss at your Physical Therapy apt next week. You also have a doctor apt next week too.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Kane

SIGNATURE:

N/A

DIV./DEPT.

DATE:

3/24/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Dwayne Burns

DATE RESPONSE WAS RECEIVED:

04/01/2015

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso): BURNS	INMATE FIRST NAME (Primer Nombre): SHAWN	ID Number (# de Identificación): 20101007153
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GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OLD ADA ISSUES

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DOC Admin

DATE REFERRED:

1/26/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

A Compendio Chair is available in the Juvenile Detention Center.

PERSONNEL RESPONDING TO GRIEVANCE (Print): Monique Banks	SIGNATURE: <i>[Signature]</i>	DIV./DEPT.:	DATE: 02/03/15
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Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DIV./DEPT.:	DATE:
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NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): <input type="checkbox"/> GRIEVANCE SUBJECT CODE: <input type="checkbox"/> NON-GRIEVANCE SUBJECT CODE:	INMATE SIGNATURE (Firma del Preso): <i>[Signature]</i>	DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida): 2/10/15
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a).)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):	SIGNATURE (Firma del Administrador o/su Designado(a)):	DATE (Fecha):
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INMATE SIGNATURE (Firma del Preso):	DATE INMATE RECEIVED APPEAL RESPONSE (Fecha en que el preso recibió respuesta a su apelación):
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COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Burns

Shawn

20101227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Code 010 A.D.A. WALK

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr. Burns has been advised on numerous occasions to notify court services staff when he is having trouble accessing the cell toilet, and they will escort him to an accessible public restroom.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT:

DATE:

SABRINA CANCHOLA

[Signature]

DOC-ADA

10 / 30 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

Shawn Burns

11 / 4 / 15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si)

No

¿Apelación del detenido aceptada por el administrador o su designado(a)?

☐

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

A.O.A. issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

8 / 25 / 15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

 D.O.C. admin
 Your concerns regarding the cleanliness /
 condition of the toilet chair and bathroom have been
 forwarded to the appropriate person. However, this is not an *recommendation*
 issue.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Sabrina Canchola

SIGNATURE:

[Signature]

DIV. / DEPT.:

DOC

DATE:

9 / 1 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:

9 / 9 / 15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

 * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar
 todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

Court 5-4-16

CONTROL #

5246

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaun

ID Number (# de identificación):

2021227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 - ADA Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

5/6/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Portable Toilet chairs have been removed from JDC. Mr. Burns is aware of the CRW Policy and Practice allowing him to be escorted to an accessible public restroom.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SACRA GARCIA

SIGNATURE:

DIV. / DEPT.

DOC / ADA

DATE:

05/16/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaun Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida)

5/20/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

5/20/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

There's a sign saying ask the officer for a toilet chair in the holding room that's the policy posted. why is a sign that say ask for a chair? All im aware of is you say one thing and another thing happens when i ask to go to a accessible restroom. Ask all the witnesses in my grievance on 5-4-16. I ask Sgt. Banks and 3 C/O's to be avail. I have bound movement on my SEH F. This can't be right.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (SI)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

5/23/16

INMATE SIGNATURE (Firma del Preso):

Shaun Burns

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

5/25/16

was escorted to a accessible restroom because your lying

a Sgt. did Sgt. Banks come? I had to inform the 60 who I needed the 5/4-16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2014 X 1888

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OLD ADA ISSUE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DOC ADMIN

DATE REFERRED:

3/6/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

MR BURNS REPEATEDLY REFUSES TO EXERCISE THE OPTION OF BEING ESCORTED TO A PUBLIC ACCESSIBLE PUBLIC RESTROOM. AVAILABLE EVIDENCE CONTRADICTS MR BURNS ALLEGATION THAT STAFF WOULD NOT ESCORT HIM TO AN ACCESSIBLE RESTROOM. CONCERN REGARDING THE HOLDING CELL HAVE BEEN FORWARDED TO CAPITAL PLANNING.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

BARBARA CANCHILA

SIGNATURE:

[Signature]

DIV. / DEPT.

DOCLADA

DATE:

1/4/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

3/18/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 3/18/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

This is a lie. as I said before the officer said I can't be escorted to the Public rest room. if what you say is true then why did the go give me the toilet chair? you say one thing but the go do another. This can't be right fix it!

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

[Initials]

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

[Signature]

SIGNATURE (Firma del Administrador o su Designado(a)):

[Signature]

DATE (Fecha):

3/22/16

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación):

3/22/16


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Dwayne

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OLD ADA issue

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Previously filed refer to grievance # 20165598. Referral date 7/5/16 response Pending.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Inmate Services

DATE REFERRED:

7/12/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

J. Muelle

SIGNATURE:

[Signature]

DIV. / DEPT.

13

DATE:

7/12/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Dwayne Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

7/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (SI)

No

☐
☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

7/14/16


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20165598

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de identificación):

2021227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO ADA Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cook Health services, Personnel):

DATE REFERRED:

10/16/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Responses: This grievance has been addressed in multiple previous responses. 10/30/2015: NGR; 7/14/16 control # 2016x 1888; 5/16/16 control # 2016x 3846, and 6/10/16 NGR. Your concerns were forwarded to capital planning.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SADIANA GARCIA

SIGNATURE:

[Signature]

DIV. / DEPT.:

DOCLADA

DATE:

7/14/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE: (Check applicable box):

☒ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

7/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Burns

Shane

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA issues

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (If applicable):

Please see attachments regarding inmate's previous submission. Response received 3/5/15. 010

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Termak Health Services, Personnel):

DOC Admin

DATE REFERRED:

2/19/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Please see response to control # 2015x0782. MR. Burns is removed again to inform officers if he cannot use the bathroom and he will be escorted to an accessible toilet. Also, a commode chair is available.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

K. M. M. M.

M. M. M.

2/23/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Shane Burns

2/27/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

2/27/15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I did to no Avail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

BURNS

Shaune

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA ISSUES

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Inmate is not in agreement with previous response (please see attachment).

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DOC ADMIN

DATE REFERRED:

2/10/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr Burns was told during a recent hearing that he had not met date to get an offering for next time to an increase in wages until a committee chair was named. Mr Burns wanted to know that he felt not the he should himself. He received medical treatment.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Mr. Burns

[Signature]

2/19/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

Shaune Burns

3/4/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/4/15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I appeal because I do not understand response

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

☐
☒ No (No)

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J Mueller

[Signature]

3/9/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió la respuesta a su apelación):

X Shaune Burns

3/25/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Dwayne

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

DIO A.D.A. issued

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

D.O.C. admin
Staff will be advised to ensure Facilities
Management is informed of cleaning
needs & supplies.

DATE REFERRED:

7/23/15

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Theresa O'Brien

SIGNATURE:

[Signature]

DIV / DEPT:

Inmates

DATE:

7/31/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

[Signature]

DIV / DEPT:

[Blank]

DATE:

[Blank]

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

8/4/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud del la apelación del detenido):

___/___/___

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shayne

ID Number (# de Identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010- Ada Accommodation Issues

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DOC Admin

DATE REFERRED:

3/17/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

This issue is outside the permissible time for grieving and was answered three previous times in relation to 2015 x 0752.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

MARTIN KELLES

SIGNATURE:

MARTIN KELLES

DIV./DEPT.:

DATE:

03/18/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Shayne Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

3/25/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20154352

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

350 Transportation

issues.

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

E.X.O. P.S. Dept

DATE REFERRED:

8/25/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Since we have hundreds of cars - Pick-ups per Day we have + Pick-up in Groups which may Delay Pick-ups

PERSONNEL RESPONDING TO GRIEVANCE (Print):

James Key

SIGNATURE:

James Key

DIV. / DEPT.

EX-8

DATE:

8/27/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

[Signature]

DIV. / DEPT.

[Signature]

DATE:

9/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:

9/12/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____/____/____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (S/)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

[Signature]

DATE (Fecha):

9/12/15

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE INMATE RECEIVED APPEAL RESPONSE (Fecha en que el Preso recibió respuesta a su apelación):

9/12/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015-4-192

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Phaume

ID Number (# de identificación):

20121327153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

A.D.A. Looney

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

9/10/15

RESPONSE BY PERSONNEL HANDLING REFERRAL: ISSUE PREVIOUSLY ADDRESSED IN NON-GRIEVANCE RESPONSE

ON 9/1/15, CONCERNS REGARDING THE CLEANLINESS OF THE TOILET CHAIR WERE FORWARDED TO SANITATION. TOILET CHAIR INSPECTED ON 9/1/15. CHAIR WAS CLEAN AND TOILET WAS IN WORKING ORDER. CHAIR WILL BE CLEANED REGULARLY, BUT THIS IS OUTSIDE OF THE SCOPE OF THE GRIEVANCE.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SERRANA (SANITATION)

SIGNATURE:

[Signature]

DIV. / DEPT.

DOC

DATE:

9/10/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

[Signature]

DIV. / DEPT.

DOC

DATE:

9/10/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

9/25/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

9/25/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

That's a lie I showed the nasty chair to the working C/O and a Sgt. The C/O gave me some hand sanitizer.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐No (No) ☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Staff

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

[Signature]

DATE (Fecha):

10/07/15

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación):

10/15/15